

Homeowner Assistance Claim (for income received in 2001)

2002

9000

STEP AName,
address,
and
social
security
number

SSN

Your first name		Initial	Last name	
Spouse's first name		Initial	Last name	
Present home address — number and street, PO Box or rural route				Apt. no.
City, town, or post office				State
				ZIP Code
Your social security number		Spouse's social security number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

IMPORTANT:

Your social security number is required.

STEP BFiling
Status

- 1. Are you a United States citizen? Check "Yes" or "No" . . .** • **1.** ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- 2. Benefit Eligibility for Noncitizens** • **2a.** Alien Status Code
If you are not a citizen of the United States, go to page 19.
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.
• **2b.** Alien Registration Number
• **2c.** Date of Entry
Date of Birth
- 3. Enter your date of birth** (example: 0 5 / 2 1 / 1 9 3 8) • **3.** Date of Birth
You must enter your date of birth MM DD Y Y Y Y
- 4. Check the appropriate box if you were one of the following on December 31, 2001:**
- A. 62 years or older (See **Note** on page 5, line 4a) . . . • A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- B. Under 62 and blind • B ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- C. Under 62 and disabled (not blind) • C ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- See instructions on page 5 and page 6 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.**

STEP CProperty
InformationComplete
line 5
through
line 7.

- 5. Did you own and live in your home on December 31, 2001** • **5.** ☐ YES ☐ NO
If "No," stop. You do **not** qualify for homeowner assistance.
- a. Enter the FULL value of your property** (after subtracting your homeowner's or veteran's exemption). See page 7 • **5a.** \$
- 6. Is your property used for rental and/or business as well as personal use?** • **6.** ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 7 ▶ **6a.** %
- 7. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 7.**
- Name Relationship ☐ YES ☐ NO
- Name Relationship ☐ YES ☐ NO
- Name Relationship ☐ YES ☐ NO
- Enter your percentage of ownership** ▶ **7.** %
- Did this person live in your home in 2001?*

STEP D

Income of household members

On line 8 through line 13 enter your total household income for the 2001 calendar year. See instructions on page 8 and page 9.

		(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement	8.		
9. Interest, Dividends, and/or Gain (or Loss)	9.		
10. Pensions and/or Annuities	10.		
11. SSI/SSP, AB, and ATD (Gold Check). See page 8 (full year total)	11.		
12. Rental and Business Income (or Loss). See page 8 ...	12.		
13. Other Income (including wages). See page 9	13.		
14. SUBTOTAL. Add line 8 through line 13	14.		

STEP E

Adjustments to income

15. Adjustments to Income. See page 10	15.		
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STEP F

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2001. Subtract line 15 from line 14 • 16.		
If line 16 is more than \$37,119, stop. You do not qualify.		

STEP G

Property tax paid and homeowner assistance claimed

17. PROPERTY TAX FOR 2001/2002 ○ • 17.		
DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. Amount on line 17 cannot exceed 1% of the full value of the home. See page 10. You must attach a copy of your 2001/2002 property tax bill.		

You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.

18. Homeowner assistance claimed (cannot exceed \$472.60). See page 11	■ 18.	
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Reminder

If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

STEP H

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN/PTIN
			TELEPHONE ()

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

Worksheet to Figure the Amount of Homeowner Assistance

If you want, we will figure the amount of homeowner assistance for you. You may, however, figure this amount by completing line 1 through line 9 for those items that apply to you.

Complete only if the full value of your property as shown on your 2001/2002 property tax bill is more than \$34,000 after subtracting your homeowner's or veteran's exemption.

1. Enter the full value shown on form FTB 9000, line 5a 1. \$ _____
2. Divide \$34,000 by the amount on line 1 above (100% maximum) 2. _____ %

Complete only if your property is used for rental and/or business purposes as well as for your home.

3. Enter the percentage of your home devoted to your personal use shown on form FTB 9000, line 6a 3. _____ %

Complete only if there are owners (other than you and your spouse, or the parents, children, grandchildren [or their spouses] of you or your spouse) listed on your property tax bill who do not live in your home.

4. Enter the percentage of your ownership shown on form FTB 9000, line 7 4. _____ %

Figure the amount of homeowner assistance.

5. Enter the property tax for 2001/2002 shown on form FTB 9000, line 17 5. \$ _____
6. Enter the lowest percentage from line 2, line 3, or line 4 above.
Enter 100% if line 2, line 3, and line 4 are blank 6. x _____ %
7. Multiply the amount on line 5 by the percentage on line 6. Enter this amount or \$340.00 whichever is smaller 7. \$ _____
8. Find your total household income on the schedule below and enter the percentage of assistance here 8. x _____ %
9. Homeowner assistance. Multiply the amount on line 7 by the percentage on line 8. Enter this amount on form FTB 9000, line 18 9. \$ _____

Homeowner Assistance Schedule

If your total household income is		Your percentage of assistance is	If your total household income is		Your percentage of assistance is
From	To		From	To	
\$0	\$9,279	139%	20,418	21,035	59%
9,280	9,898	136%	21,036	21,654	54%
9,899	10,516	133%	21,655	22,272	49%
10,517	11,135	131%	22,273	22,890	45%
11,136	11,755	128%	22,891	23,510	41%
11,756	12,373	125%	23,511	24,128	36%
12,374	12,991	122%	24,129	24,746	32%
12,992	13,610	119%	24,747	25,365	29%
13,611	14,229	116%	25,366	25,983	26%
14,230	14,848	113%	25,984	26,602	23%
14,849	15,466	110%	26,603	27,221	20%
15,467	16,085	106%	27,222	27,839	17%
16,086	16,704	100%	27,840	29,387	15%
16,705	17,323	94%	29,388	30,933	12%
17,324	17,941	88%	30,934	32,481	10%
17,942	18,560	83%	32,482	34,027	9%
18,561	19,178	77%	34,028	35,573	7%
19,179	19,796	71%	35,574	37,119	6%
19,797	20,417	65%	37,120	And Over	0%